

ISSUE SLIP START AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	K-T-L	3	1/10
FORMALITY REVIEW	H-S	866	10-03-01
RESPONSE FORMALITY REVIEW	H-S	866	12-06-01

INDEX OF CLAIMS

✓	Rejected	N	Non-elected	
=	Allowed	I	Interference	
-	(Through numeral)...	Canceled	A	Appeal
÷	Restricted	O	Objected	

Claim	Date
Final	Original
1	✓ ✓
2	✓ ✓
3	✓ ✓
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	✓ ✓
8	✓ ✓
9	✓ ✓
10	✓ ✓
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

55 C-571
12/06/01

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